

ACTIVISM FOR SEXUAL AND REPRODUCTIVE RIGHTS: Progress and Challenges

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This Conference represents a particular moment in the history of the health and human rights initiative, an opportunity to bring together the many different strands of our work, in collaboration with friends and colleagues from all over the world.

I am a representative of many sectors of the world's population that are most deeply and intimately concerned with issues of health and human rights: a woman, a South Asian, a feminist, a human rights defender, a member of the so-called developing world, an activist from the nongovernmental sector, and part of a minority community that stands for secular and democratic principles in the midst of societies that are rapidly falling prey to the most reactionary and violent forms of economic, social, and political control.

I would like to sketch some of the broad parameters of our discussions, while acknowledging the pioneering work done in the fields of health and human rights by many women's activists throughout the world, especially in the years following the World Conference on Human Rights in Vienna in 1993, through the Conference on Population and Development in Cairo in 1994, to the Fourth World Conference on Women in Beijing in 1995.

In this regard the link and relationship between the issues of health and human rights represents one of the most critical and dynamic areas of our contemporary activism. In making this connection, we reaffirm the universality and indivisibility of human rights and we work toward the inclusion of socioeconomic and cultural realities in our conceptualization of what constitutes a human right. We also

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challenge the private/public divide, pointing to the dynamic between respect for an individual's right to privacy on the one hand and societal accountability for his or her well-being on the other.

From the point of view of women, the transformation of our concerns regarding women's health into concern for the reproductive and sexual *rights* of human beings has certainly been critical. It has altered not only the way we think about the issue of health, but also the way we act, react, and interact in this area.

When I first became active in the women's movement in South Asia 20 years ago, the focus in the area of women and health was on women's access to information regarding contraception, on women's legal right to have such access, including our right to have an abortion, and on reshaping health services to better suit women's needs. All over the world women engaged in relentless battles with their states and their communities in order to take into their own hands the power to make decisions regarding their bodies.

That health and population control have been cornerstones of many development policies in the second half of this century, and that provision of health care has been viewed as a strategic entry point into communities targeted for development, has further complicated the issue. For as the persons largely responsible for family health and for population growth, women were viewed as the ideal "target." Therefore many health programs focused on women as the primary recipients, often with scant respect for the woman, either as an individual or as a member of a community.

In working for the expansion and enhancement of women's choices in matters of health and reproduction, the women's health movement has challenged both national and international agencies engaged in the so-called delivery of services to poor and disadvantaged communities in the developing world. The women's health movement has also challenged the medical profession on many counts, demanding the right to medical care and services geared to women's needs that do not objectify women and reduce them to wombs. In the legal arena, women working on health issues have been in the forefront of campaigns for respect of a woman's choice regarding her reproductive functions.

The focus on building a health care approach for women sensitive to the total life cycle rather than to just one part of it, the campaigns to demand more transparency and accountability with regard to national and international drug production and distribution policies, and the movements to win legal recognition for a woman's right to control her body have been key features of our struggles over the past decades.

In more recent years, women's health activists have taken on a rights-based framework and moved toward identifying a wide range of issues in women's health as deriving from women's enjoyment of all human rights—civil and political as well as social, economic, and cultural. At the same time we have worked for the recognition that sexual and reproductive rights also constitute a key element of human rights. In particular, the development of the concepts of women's bodily integrity and sexual autonomy represent a critical advance in both the theory and the practice of the women's health movement worldwide.

Women activists have entered the debate on sexual and reproductive rights and autonomy from a variety of perspectives. Some have been involved in campaigns combating violence against women and have lobbied for recognition that violence against women is a violation of their human rights. Some have campaigned for lesbian rights, disputing discrimination against gay and lesbian people in general, and the imposition of the heterosexual family as the legal and social norm in particular. Others have emphasized women's rights to control their fertility and reproductive cycles, as well as to determine their sexual behavior. Despite many differences of opinion and divergences in interpreting issues as well as in the strategies and tactics deployed, there has been an overarching acknowledgment that a woman's right to define her own sexual and reproductive identity must be promoted and defended.

We must not underplay the reality of how contentious the debates and discussions on sexual and reproductive rights have been and of how widespread and pernicious is the opposition to the recognition of women as autonomous sexual beings. Within women's movements, there has been a great deal of division and debate regarding both conceptual frameworks for defining women's autonomy and strategies for

achieving respect for the bodily integrity of women. For example, whether or not to enter into a working relationship with governments or with international agencies: on the one hand is the fear of being co-opted, while on the other, the possibility of effecting change from within is very tempting.

The issue of abortion continues to generate controversy, with religious and cultural arguments used to justify the denial of a woman's right to control her body. In Sri Lanka last September, aggressive opposition from many parliamentarians caused the Minister of Justice to withdraw a proposed amendment to the Penal Code that would have allowed abortions when the pregnancies resulted from rape. It is with grave concern that we observe recent attempts to move backwards with regard to women's right to seek and receive an abortion in countries such as the United States.

Seeking legal and social recognition and respect for homosexual people is another area that generates a great deal of resistance and controversy. In many societies, a sexual relationship between two consenting adults of the same sex continues to be classified as a crime against the state, and the social marginalization of gay men and lesbians continues even in societies where there are no legal sanctions against them. Winning acceptance for the concepts of bodily integrity and sexual autonomy within the human rights community presents a major challenge as we deal with homophobia in the modern world.

The varying levels of discrimination against persons who are HIV-positive or who are living with and dying from AIDS, is another major area of concern to the field of health and human rights. Once again, taking a stand against prejudice and injustice has become imperative.

Throughout the preparations for the World Conferences on Human Rights, on Population and Development, and on Women, as well as during the conferences themselves, ultra-rightwing political forces and fundamentalist religious forces actively mobilized against any advocacy for the autonomy and rights of marginalized communities, including women.

Many women—and men—who dare to take a stand against their state and their community on issues of reproductive and sexual rights and choices confront threats to their person, to their security, and to their life. Yet, despite the

intimidation and violence they are exposed to every day, they continue to care, to defy any attempts to curtail or violate the human rights of their communities and their constituencies. Let us acknowledge and applaud their courage and commitment as we enter the twenty-first century with an innovative framework within which we can consider issues of health and human rights from the point of view of human dignity and bodily integrity.

Suggested Readings

D.J. Sullivan, "The Nature and Scope of Human Rights Obligations Concerning Women's Right to Health," *Health and Human Rights* 1 (4) 1995:368-398.

R. Coomaraswamy, "To Bellow Like a Cow: Women, Ethnicity and the Discourse of Rights," in: *Human Rights of Women*, R.J. Cook, (ed.) (Pennsylvania: University of Pennsylvania Press, 1994).

"Unspoken Rules: Sexual Orientation and Human Rights," The International Gay and Lesbian Human Rights Commission, 1995.

S. Abeyesekera, "Women's Human Rights: Questions of Equality and Difference," Institute of Social Studies, The Hague, Netherlands. Working Paper No. 186, February 1995.

S. Corrêa and R. Petchesky, "Reproductive and Sexual Rights: A Feminist Perspective," in: G. Sen, A. Germain, L.C. Chen, (eds.), *Population Policies Reconsidered: Health Empowerment and Rights* (Cambridge, MA: Harvard University Press, 1994).